

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	4					
2		1				
3	2					
4	2					
5	8					
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50						
TOTAL IND.	1	↓	↓	↓		
TOTAL DEP.	6	←	←	←		
TOTAL CLAIMS	7					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓	↓	↓		
TOTAL DEP.		←	←	←		
TOTAL CLAIMS						